

Office of Air Quality
Compliance Data Section

START-UP NOTICE

Complete all sections applicable per requirements noted in permit.

Note N/A if test or report is not a condition in permit.

Start-up Date:	AFS/ID/Permit Nos: _____ - _____ - _____
Company Name: Program: SSOA, Title V, FESOP, NSPS, Other _____ (Circle or write in)	Contact Name: Phone No. _____ Fax No. _____
Complete Mailing Address w/zip:	Plant Address & Location:
Compliance Test Information,	Fill in report information from form in permit.
Unit/Equipment/Facility to be tested:	Frequency & Name of Report: (i.e. Quarterly VOC Usage)
Pollutant:	Pollutant:
Control Equipment:	Limits:
Protocol due 35 days before proposed test date. Rpt due 45 days after test.	Periodic reports due 30 days after end of period.
Compliance Test Information,	Fill in report information from form in permit.
Unit/Equipment/Facility to be tested:	Frequency & Name of Report:
Pollutant:	Pollutant:
Control Equipment:	Limits:
Compliance Test Information,	Fill in report information from form in permit.
Unit/Equipment/Facility to be tested:	Frequency & Name of Report:
Pollutant:	Pollutant:
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Control Equipment:	Limits:
Compliance Test Information,	Fill in report information from form in permit.
Unit/Equipment/Facility to be tested:	Frequency & Name of Report:
Pollutant:	Pollutant:
Control Equipment:	Limits:

Note each test or report required by permit separately above.

Please copy form as needed.

Call 317/232-8338 with any questions for filling out this form.

Mail To: **Indiana Department of Environmental Management**
Office of Air Quality, Compliance Data Section
100 N. Senate, P.O. Box 6015
Indianapolis, Indiana 46206-6015

(Do not mail to permit section)